



CITY OF ATLANTA BOARD OF ETHICS Complaint Form

Ethics Hotline: (404) 330-6555

The Board of Ethics has jurisdiction over the Standards of Conduct in sections 2-801 to 2-824 of the City's Code of Ordinances. It is required to send written notice to the subject of any complaint that meets the requirements of section 2-803. If a complaint alleges violations of other laws, the Ethics Office may refer the complaint to the Office of the Internal Auditor, Department of Law, or other agency.

PART ONE: PERSON MAKING THE COMPLAINT (optional).

Complaints may be made anonymously, but it is helpful to have contact information if additional information is needed. If you wish to remain anonymous, do not complete this part or part seven.

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

E-mail address: _____ **Telephone:** _____

PART TWO: PERSON AGAINST WHOM COMPLAINT IS BROUGHT.

If you are filing a complaint against more than one person, list the additional persons on page 3 and answer each question about them.

Name: _____

City position or title: _____

Department or agency: _____

If a candidate, office being sought: _____

Work address: _____

City: _____ **State:** _____ **Zip:** _____

E-mail address: _____ **Telephone:** _____

PART THREE: SPECIFIC LAW VIOLATED.

State the specific section of the City's Code of Ordinances that you believe was violated. To review the Code of Ethics, go to <http://www.atlantaga.gov/government/boards/boardofethics--codeofethics.aspx>.

PART FOUR: STATEMENT OF FACTS.

Describe the facts on which this complaint is based, including relevant dates, places, and actions.

Date(s): _____

Place: _____

Describe what happened: _____

PART FIVE: WITNESS INFORMATION.

State the names, addresses, telephone numbers, and email addresses of persons with firsthand knowledge of the facts alleged or other information that could help. List additional witnesses on page 3.

PART SIX: SUPPORTING DOCUMENTS.

List any records or documents that would assist the Board of Ethics in its investigation. Please mail or deliver to the Ethics Office any documentary evidence that supports the facts.

PART SEVEN: SWORN VERIFICATION (optional).

I declare under penalty of perjury that I have reviewed the information given in this complaint and, to the best of my knowledge, it is a true, accurate, and complete statement.

Signature _____ Date _____

Complaints may also be sent to:

Ethics Office
68 Mitchell Street, SW, Suite 3180, Atlanta, Georgia 30303
Email: ethicsofficer@atlantaga.gov
Website: <http://www.atlantaga.gov/government/boards/boardofethics.aspx>
Telephone: (404) 330-6286 Fax (404) 658-7720

Additional Persons Against Whom Complaint Is Brought

Name: _____

City position or title: _____

Department or agency: _____

If a candidate, office being sought: _____

Work address: _____

City: _____ State: _____ Zip: _____

E-mail address: _____ Telephone: _____

Name: _____

City position or title: _____

Department or agency: _____

If a candidate, office being sought: _____

Work address: _____

City: _____ State: _____ Zip: _____

E-mail address: _____ Telephone: _____

Additional Witness Information

Name	Address	Telephone	Email Address